

## CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY

Petitioner Name, SSN

IV-D Case: ☐ TANF☐ IV-E Foster Care

Respondent Name, SSN, Verified Address

☐ Medicaid Only☐ Former Assistance

Children's Legal Names

☐ Never AssistanceNon-IV-D Case: ☐

File Stamp

To: (Agency/Tribunal Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Tribunal No. \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Tribunal No. \_\_\_\_\_

State with Tribunal - Determined Controlling Order \_\_\_\_\_

Response Needed by \_\_\_\_\_ (Date)

## I. Action

1. ☐ Provide/Obtain Copies of Documentation☐ Certified Copies of Orders☐ Financial Statement☐ Payment Records☐ Other \_\_\_\_\_2. ☐ Provide Assistance with Service of Process (See Attached)3. ☐ Provide Assistance with Genetic Testing (See Attached)4. ☐ Obtain Answers for Interrogatories (See Attached)5. ☐ Provide Assistance with Teleconference for Hearing or Deposition (See Attached)6. ☐ Obtain Financial Data/Proof of Respondent's Income (See Section II and/or Attached)7. ☐ Obtain Party Signature on Attached Form (See Attached)8. ☐ Other: \_\_\_\_\_

Please Return the Acknowledgment Attached (2 of 2)

## II. Additional Information

☐ Nondisclosure Finding Attached

Date

Initiating Contact Person (Print or Type)

(\_\_\_\_\_) Telephone Number &amp; Extension

Fax : (\_\_\_\_\_) \_\_\_\_\_

E-mail : \_\_\_\_\_

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File Stamp

TO: (Agency Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

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From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Tribunal No. \_\_\_\_\_

State with Tribunal - Determined Controlling Order \_\_\_\_\_

## ACKNOWLEDGMENTS

To be Completed by Responding Agency and Returned to Initiating Agency

☐ Request Received and No Additional Information is Necessary☐ Additional Information Needed (See Remarks)☐ Remarks/Response☐ Your Case has been Forwarded for Action to:

Name of Worker

Agency Name

Address, FIPS Code

Phone &amp; Extension

Fax

Date

Person Completing Form (Print or Type)

(\_\_\_\_\_) Telephone Number &amp; Extension

Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

## INSTRUCTIONS FOR CHILD SUPPORT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY

**PURPOSE OF THE FORM:** The CSE Transmittal #3-Request for Assistance/Discovery is designed for use when the requesting jurisdiction is working its case locally (e.g., by long-arm jurisdiction) and needs limited assistance from another jurisdiction, but does not want the other jurisdiction to open a IV-D case. Sections 316 and 318 of the model version of UIFSA contain specific provisions that allow a tribunal to receive evidence from another State and to obtain discovery through a tribunal of another State. The form can also be sent electronically using the appropriate CSENet transaction.

When a jurisdiction receives a CSE Transmittal #3-Request for Assistance/Discovery from another jurisdiction, it should not open a IV-D case; it should only provide the limited assistance requested. By contrast, the CSE Transmittal #1-Initial Request is designed for use when the initiating State is requesting the responding State to open a IV-D case.

**HEADING/CAPTION (Pages 1 & 2):** The jurisdiction requesting assistance/discovery determines the heading. Note that the heading appears on both page 1 of the **Child Support Enforcement Transmittal #3** and on page 2, the **Acknowledgment** page.

- # Identify the petitioner and respondent full names and Social Security numbers in the appropriate spaces. Include a **verified** address for the respondent.
- # Enter the children's legal names to assist the responding State in discussing the request with the noncustodial parent.
- # Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- # In the space marked "To:", list the name and address (street, city, State, and zip code) of the agency or court where you are sending the CSE Transmittal #3.
- # In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "IV-D case number", enter the number that was sent to the Federal Case Registry. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The "responding" jurisdiction is the jurisdiction that receives the request for assistance.
- # In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- # In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "IV-D case number", enter the number that was sent to the Federal Case Registry. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The "initiating" jurisdiction is the jurisdiction that is requesting assistance.
- # In the designated space, note the State that has issued a tribunal-determined controlling order, if known.

# In the space marked "Response Needed by" enter the date by which a response is needed.

**SECTION I, ACTION:** Check the appropriate box(es) to indicate which actions are requested. Multiple actions may be requested, as appropriate.

- # Check **item 1** "Provide/Obtain Copies of Documentation" to request copies of documentation. Check appropriate box(es) to indicate the type of documentation: certified copies of orders, payment records, financial statement, or other (describe on blank line). In Section II "Additional Information", describe your request and provide background information necessary to identify the requested documents.
- # Check **item 2** "Provide Assistance with Service of Process" if you are requesting assistance with service of process. You may directly contact (via phone, fax, or other means) the sheriff, or other appropriate official, in another jurisdiction to request personal service of process. Send the Request for Assistance/Discovery only if such attempts have been unsuccessful. Attach such documentation as necessary for service of process.
- # Check **item 3** "Provide Assistance with Genetic Testing" if you are requesting assistance with genetic testing. Include in section II or attach any necessary information or materials, including names of genetic testing laboratories, protocols to be followed, testing kits, etc.
- # Check **item 4** "Obtain Answers for Interrogatories" if you are requesting completion of interrogatories. Attach the interrogatories.
- # Check **item 5** "Provide Assistance with Teleconference for Hearing or Deposition" if you are requesting assistance in scheduling a teleconference for a hearing or deposition. Attach copy of hearing notice or deposition.
- # Check **item 6** "Obtain Financial Data/Proof of Respondent's Income" if you are requesting financial data or proof of the respondent's income. Explain your request in Section II or an attachment.
- # Check **item 7** "Obtain Party Signature on Attached Form" if you are requesting assistance in obtaining a signature. Attach forms which require signatures. Request assistance with obtaining a signature only after you have attempted and failed to obtain the signature yourself.
- # Check **item 8** "Other" if the reason you are requesting assistance or discovery is not listed above. On the blank line, indicate the assistance needed; be as specific as possible.

If you are requesting only "quick locate", do not use this form. Instead, use the Locate Data Sheet, or CSENet if you are using an electronic format.

If you are requesting that the tribunal in the other State compel a person over whom it has jurisdiction to respond to a discovery order issued by a tribunal of another State (in accordance with section 318 of the model version of UIFSA), attach certified copies of the discovery order.

**SECTION II, ADDITIONAL INFORMATION:** In a narrative format, indicate any other information that will be useful in processing your request. Provide any necessary identifying information and background information about why the request is being made, including: (1) information on the nature of the pending action (e.g., paternity, support, modification, enforcement, etc.) and (2) the reason assistance from the other jurisdiction is needed.

If there is an order preventing disclosure of a party's or child's address/identifying information, check the box for "Nondisclosure Finding Attached" and attach a copy of the finding. In accordance with the finding, do not provide the address/identifying information; you may provide a substitute address. A nondisclosure finding means a finding that the health, safety, or liberty of a party or child would be unreasonably put at risk by disclosure of identifying information (e.g., residential address). UIFSA provides that interstate petitions must include certain identifying information regarding the parties and child(ren) unless a tribunal (court or agency) makes a nondisclosure finding by ordering that the address or identifying information not be disclosed. The procedures for obtaining a nondisclosure finding vary from State to State.

At the bottom of page 1, provide a specific worker's name, a direct telephone number (with extension if necessary) fax number and e-mail address to expedite communications between jurisdictions.

**PAGE 2, ACKNOWLEDGMENT:** Upon receiving a request for assistance on a CSE Transmittal #3, the receiving State completes the Acknowledgments section on page 2. The Acknowledgment can be used to provide information in response to a request received via the CSE Transmittal #3, or to indicate when (how many days or on what date) the requested information/action will be provided. The jurisdiction sending the Acknowledgment should indicate where the case has been referred for action, and the name, telephone, fax number and e-mail address of a contact person.

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#### The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.